

## syngo MammoReport

**SP**

### Report

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|   |   |   |  |
|---|---|---|--|
| <b>Installation Protocol</b>                  |   |   |  |
| Fax Message<br>(please send the document to:) |   | <b>SIEMENS AG Medical Solutions; Dept. SP SCM</b><br><b>Fax No. +49 - 9131 - 84 - 8893</b><br><b>91050 Erlangen, Henkestr. 127, Germany</b> |  |
| <b>CAUTION</b>                                | <b>IT IS ABSOLUTELY MANDATORY TO ENTER ALL REQUESTED DATA<br/>         IN THIS PROTOCOL WHEN THE INSTALLATION OF THE SYSTEM IS<br/>         COMPLETED! INCOMPLETE PROTOCOLS WILL BE RETURNED TO<br/>         YOUR SUPERVISOR FOR FOLLOW-UP!</b> |   |  |
| Equipment Type                                | syngo MammoReport.....  |   |  |
| System Serial No.:                            |   | Order Number:   |  |
| Customer/Hospital                             | Name: .....<br>City: .....<br>Country/State: .....  |   |  |

**Confirmation: I hereby certify that**

- ⇒ The system indicated above was delivered in its entirety. Installation and Startup were performed according to the actual version of the installation and startup instructions as delivered with the system (please indicate any deviation in the table below).
- ⇒ All safety and functional checks have been performed.
- ⇒ All required measurements have been made and the values are within tolerance as provided by the manufacturer.

| Installation             | Problems |    | Brief description<br>(please mark with 'n.a.' if not applicable) |
|--------------------------|----------|----|--|
|                          | yes      | no |  |
| Workstation              |          |    |  |
| Cabling                  |          |    |  |
| Options (e.g. hard disk) |          |    |  |
| Others                   |          |    |  |
| <b>Startup</b>           |          |    |  |
| Workstation              |          |    |  |
| Network configuration    |          |    |  |
| Image quality            |          |    |  |
| Others                   |          |    |  |

Please add additional pages for description, if necessary.

Printed name of system installer

date

signature